## CITY OF DEER PARK, OHIO APPLICATION FOR EMPLOYMENT

POSITION:		

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected class.

PERSONAL BACKGROUND:				
NAME:	_ SOC.SEC.NO. <b>or</b> Driver's Lic #: :			
PRESENT ADDRESS:				
PERMANENT ADDRESS(If different from a	above):			
PREVIOUS ADDRESS:				
TELEPHONE NUMBER(S):	REFERRED BY:			
DATE AVAILABLE TO START:	ARE YOU EMPLOYED? EMPLOYER? / BEFORE? WHEN? E?			
U.S.MILITARY OR NAVAL SERVICE:	RANK			
	E JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A (If driving is a requirement of the job for ment is contingent on your maintaining a current driver's			
HAVE YOU EVER BEEN CONVICTED FO	R ANY TRAFFIC VIOLATIONS?			
	OYMENT, TO SUBMIT VERIFICATION OF YOUR LEGAL (Verification and completion of the I-9 form must be safter date of hire.)			
QUALIFICATIONS OF THE POSITION FO question does not apply to convictions which not necessarily be a bar to employment.)	A FELONY WHICH IS RELATED TO THE FUNCTIONS OR OR WHICH YOU ARE APPLYING? NOTE: This ch have been sealed or expunged.(A conviction record will Y CONVICTION(S)(NATURE AND REHABILITATION):			

EDUCATIONAL		LOCATION OF			R AREA
BACKGROUND	SCHOOL	_	GRADE COMP	PLETED OF S	TUDY
HIGH			9 10 11 12/	GED	
SCHOOL					
COLLEGE			1 2 3	4	
TRADE, BUSINESS, or					
GRADUATE SCHOOL					
SPECIALIZED TECHN			ıter programmin	g/language, equi	ipment
operation, special tools	s/machines, etc	.)			
WORK EXPERIENCE:	±: Please list yo	ur last three en	nployers, starting	g with your prese	ent or last place
of employment. Verifia					
	ADDRESS OF	SALARY	POSITION	NAME OF	REASON
MO./YR. EMPLOY	ER			SUPERVISOR	FOR LEAVING
Fr					
Ta:					
То:					
Fr					
То:					
Fr					
То:					
REFERENCES: Give th	e names of thre	e nersons not	related to you w	hom you have k	nown at least
three years.	e names or time	o persons not	rolated to you, w	mom you have k	nown at loast
NAME AND OCCUPA	ATION AE	DRESS	PHONE NU	MBER YRS.KN	IOWN
1	,,,	2.1.200	1110112110		
2.					
3.					
APPLICANT'S STATEM	1ENT:				
In signing this application	n, I certify that	all the foregoing	g information is a	a complete and a	accurate
statement of the facts a	nd understand t	hat if any misre	epresentation, or	mission, or falsifi	cation be
discovered, it will consti-	tute grounds for	r dismissal. I he	ereby authorize y	ou to conduct ar	ny investigation
(including criminal, bure					
my background related			release all partie	es from any liabil	ity in connection
with the provision and u	se of such infor	mation.			
I understand and agree		ed by the City, I	will abide by its	rules and regula	tions which I
understand are subject	to change.				
			Amelia - d - O	i an atur-	
			Applicant's S		
				Date:	